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A COMPARATIVE INVESTIGATION OF RELIGIOUS INFLUENCE IN THE MENTAL HEALTH OF NEUROPSYCHIATRIC AND MEDICAL PATIENTS

A Thesis

Presented to

The Faculty of the Division of Applied Theology

Asbury Theological Seminary

In Partial Fulfillment

of the Requirements for the Degree

Bachelor of Divinity

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by

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August 1952

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CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

Since the rise of the modern schools of psychology and especially those of psychiatry, there has been considerable contention between these younger sciences and the schools of religious thought, especially those of traditional Christianity. This contention has caused no little amount of misunderstanding and ill will between these two fields of science. Adherents of both sides occasionally have employed sweeping denunciations of the opposition without taking account of any common truth which may exist between them. Often these charges have been made in the isolated interest of the person's particular field or his own personal prestige and not for the best interest of all those concerned. Such charges have tended to widen the breach between the schools and prevented each of them from utilizing the resources of the other to an advantage in his own field in such cases where such resources could constitute a definite aid. Among the many charges is one that religion is a contributing factor to mental illness.

THE PROBLEM

Statement of the problem. It was the purpose of this investigation to determine the religious training in the

background of two groups - one a group of neuropsychiatric patients, and the other a group of general medical patients. Through the comparison of the data from each group, the relationship existing between the religious training and the mental health of each was to be established. This included both the quantitative and the qualitative elements in their respective training.

Importance of the investigation. It is a well-known fact that over half of the hospital beds in this country are occupied by those suffering from mental illness. But even the existing facilities are not capable of ministering to all the needs that are known to exist. The hospitals are crowded and sometimes lacking in sufficient personnel and modern methods of therapy.

Nor is the problem becoming easier. With the modern advances in psychological and psychiatric diagnosis, there is greater knowledge concerning the earlier symptoms of mental illness. Much stress is being put upon early treatment of patients where these symptoms occur. Of course, this means the treatment of many additional patients which fact is good, naturally, but only further overloads the already burdened facilities. Also, the cost of maintaining and treating these patients is ever increasing. At the Veterans Hospital in Lexington this cost is only a little under ten dollars per patient per day.

Through this investigation it was hoped that some vital influential factors could be discovered that would aid not only in the treatment of mental illness but in its prevention, that is, the establishing of better mental hygiene among people. The wide-spread use of all such factors would greatly increase mental hygiene, thus decrease mental illness, giving a more stable population and lessen the problem that faces our nation today.

History and present status of the problem. The science of neuropsychiatry is still in its youth; that of mental hygiene is but an infant[1]; but the determining of the influence of religious training and faith in the neuropsychiatric patient is almost embryonic. The modern schools of psychology, psychiatry, and neuropsychiatry were conceived and reared in a day when negative Biblical criticism was on the rampage in its ruthless attempt to massacre the rudiments of the Christian faith.

This unholy movement of negative criticism was quickly accepted in areas where Christian values were not held. As it crept into the institutions of higher learning, it appeared in classroom lectures and before long, became the "sands" upon which students and professors in many areas of learning

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[1]For the complete story of the Mental Hygiene movement consult the book by Clifford Whittingham Beers, A Mind That Found Itself, (Garden City, New York: Doubleday and Company, Inc., 1948, seventh ed.,).

allowed their spiritual concepts to rest - if indeed, they had any. Such tenents were injurious if not entirely fatal to the weak Christian faith of many and, without sufficient substantiation for these new tenents, allowed them to control their religious concepts. Some of the product of this reaction were the many atheists, agnostics, infidels, and skeptics of the past century. Such attitudes were at one time popular, but they have not "worn" well.

These negative characteristics became ingrained in the thinking of many within the embryonic new sciences. And before long, the young sciences were over-shadowed by the gray clouds of doubt and disbelief regarding Biblical Christianity.

These became evident in their literary productions and other resulting works. The works of Freud, Watson, and others are evidence of this statement. Biblical Christianity was not infrequently held up to open ridicule, while in counseling patients who had conflicts of a moral or religious nature, they often urged them to discard moral standards and spiritual values and to live on the plane of satisfying one's desires. Ignorant were they of the fact that the consequences of spiritual faith are among the innate desires of every living soul.

Now such efforts and teachings were the direct antithesis of the purpose of the Christian ministry. What this

ministry tried to build, the others tried to destroy, and what they sanctioned, even encouraged, the Christian ministry had always fought. Thus, much ill will and contention arose between the two fields of thought. As long as this existed there was no hope for any reconciliation. Adherents from both sides often seemed to foster and encourage the battle with much enthusiasm. From platform and pulpit, schoolroom and study the advances of both sides could be witnessed.

But even as the novelty of the negative critical theories have long since grown old and lost their fascination, having proven themselves insufficient to provide absolute spiritual security, even so has the contention between the Christian ministry and the new sciences begun to wear itself down. With the passing of the older radicals of both sides, and the appearing of younger minds with broader outlooks, the scenes are beginning to change. Within the past fifty years or less there has been more investigation by both sides of the border land which lies between the two schools. The fields of common interests, knowledge, and resources have been cultivated with an eye beholding the other side. Such eminent scholars as Jung and James have done much to create better understanding and compatibility between the two groups. The last two decades have seen new signs of cooperation between the two forces in the realm of psycho-religious counseling. Especially has this become prevalent since the

past World War.

Today there is evidence of greater understanding and willingness on the part of both sciences to utilize the resources of the other to advantage. The last few years have witnessed the addition of psychological orientation and clinical training courses to the curriculum of many theological schools. The new disciplines have contributed much to the preparation of student ministers for a more effective spiritual contribution in his field. Likewise, in recognition of the mutual aid of the one to the other, some clinical teams have included on their staffs a minister as a religious counselor. Although this is not a wide-spread practice as yet, it is recognition of the fact that religion and faith play a definite part in the needs of the lives of individuals. Also, some state mental hospitals as well as the Veterans Administration hospitals are employing chaplains on their staffs in an effort to gain the value which religious faith has to offer in the therapy and convalescence of the mentally ill.

Thus, as stated before, the problem is yet embryonic. Likewise is the field of literature regarding the specific aspect of this problem. There is a considerable amount of background material relating to the general relationship of mental therapy and religion along with the field of counseling. However, the author was unable to find any literature relating to either a quantitative or qualitative

study of the interplay of religious faith with mental health in the neuropsychiatric patient as is the purpose of this study. Thus, it has been necessary to depend almost entirely upon the results of the questionnaire interview as employed in this study. To some extent this constitutes a definite disadvantage in this study since the helpful comparative element gained by the review of method and results from other similar studies is lacking. However, to the limited extent to which this study is intended, that is, the representative groups with which we are concerned, the questionnaire interview proved to be very effective and sufficient. As inferred previously, this study forms only a step in the overall problem of determining the influence and the effectiveness of religious faith in the matter of mental hygiene, especially the faith as held in the conservative Biblical interpretation.

DEFINITIONS OF TERMS USED

The neuropsychiatric group. By dictionary definition neuropsychiatry is "that branch of medicine which deals with both neurology and psychiatry."[2] Neurology is the study of the structure and function of the nervous system while psychiatry is the study of mental disorders. Thus, the term

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[2]Howard C. Warren, ed., Dictionary of Psychology, (New York: Houghton Mifflin Company, 1934), p. 179.

is a very general one but for this very reason applies well to the group. In this group were several types of diagnoses, although no particular attention was given to them. The patients that composed this group were from Wards 25A and 25B - patients being newly admitted, 25C - patients for observation and acute service, 27A - pre-privileged patients, 27B - privileged patients, and 29A - patients for mild acutely disturbed service. As a whole these were the patients in better condition, although only those in good contact and clear reasoning were included in the group interviewed.

The control group. This group was composed only of general medical patients which were from Ward 3. This group represented a cross-section of the non-neuropsychiatric individuals from the Lexington and surrounding areas and was as nearly comparable to the above group as was possible except for the mental illness.

Pilot test. This is the name given to the preliminary and experimental tests to which a questionnaire is subjected before being finally accepted for use. These tests are for the purpose of determining whether the questionnaire questions convey to another person the same concepts as were in the mind of the author.

Religious training. The term "religious" is herein used simply to denote non-secular training. All religious training is not Christian nor is all training presented in

this investigation Christian simply because it is non-Jewish, non-Hindu, or non-something else. Thus, the term "religious" is used in the general sense for the sake of accuracy of terms.

Christian training. This term is a species within the genus of religion. Although most of the religious training within the United States is called "Christian," dare it be said that the majority of it is not worthy of the name. Since the days of our founding fathers, whose Christian convictions and indominable esteem of the Bible drove them to seek new lands for expression of their worship, Christianity has suffered a deluge of popular paganism somewhat as it did in the fourth century subsequent to its nationalization. Thus, a distinction must be made between Christianity in name only and that which is forged in Christ and His character.

To be Christian, in the truest etymological sense of the word, is to be "Christ-like," or to be patterned after Christ, to be Christ-centered and Christ-honoring. Religious training, to be truly Christian, must preserve and propagate the teachings of Christ. To deny the existence of God is not Christian; to deny the deity of Christ is not Christian; denying the existence of sin and Satan is not like Christ; to deny the necessity of redemption and the atoning blood of the Saviour is not Christian; denying the eternal reward of the righteous in Christ and the eternal retribution of the wicked

is not Christian; nor is denying the validity and inspiration of the Holy Word of God, to be like Christ. In short, Christian training is that which honors the Word of God, teaches a life lived in the Spirit such as was His, and propagates the teachings of Him who is the Master Teacher. Therefore, the use of this term denotes the teaching of the full gospel of Christ in such a manner and with such a purpose as to centralize the life within and about the Son of Man.

ORGANIZATION OF REMAINDER OF THESIS

The remainder of the thesis will consist of four chapters. Chapter II will consider the problem of selecting a method, why the one used was selected, and the general details of its use. In dealing with neuropsychiatric patients there are certain prerequisites and difficulties for which one must be prepared. These will also be presented in this chapter along with an interview procedure.

The data from the survey has been divided into two parts. The first, presented in Chapter III, is the data from the neuropsychiatric group, and the second, presented in Chapter IV, is that from the control group. In each of these chapters the presentation follows the order of the questionnaire divisions. By dividing the data and presenting it in this manner it was felt that the material could be handled

with greater clarity and more convenience.

Chapter V presents the review of the significant findings and the conclusions to which the author arrived. Also, such questions and comments as have arisen in the author's mind as a result of the investigation and observed limitations and inadequacies of the present work are given.

CHAPTER II

THE METHOD AND PROCEDURE

In any type of investigation the selection of the most suitable and effective method is one of the vital questions. There is an old saying which holds true in so many ways, "A job well planned is half done." Especially does this hold true in an investigation where the validity of the findings is governed by the suitability of the method. Because of these considerations, some attention will be given to the background involved in the decision of the method as well as the reasons proper for the selection of the method.

THE SELECTION OF A METHOD

Generating circumstances. In the seminary training of the author, he has found much enjoyment and interest and received no little amount of help in the courses Pastoral Psychology and Pastoral Counseling. When the instructor involved, Dr. W. Curry Mavis, announced an advanced course in the field, Clinical Training in Pastoral Counseling, the opportunity for gaining what this course had to offer was not allowed to pass by unattended. Thus, it was that the author found himself in a class of twelve taking training at the Veterans Hospital in Lexington, Kentucky. Under the able organization of Chaplain Harry W. Alexander, the assistance

of several members of the hospital staff was secured. Especially helpful were the lectures and counsel of Dr. A. Dudley Roberts, Chief of Clinical Psychology. Over the period of about three months, the lectures of the contributing staff members gave a comprehensive orientation in the matter of understanding and counseling the neuropsychiatric patient in his problems.

As the lectures decreased and we began to spend time in the wards with the patients and their problems, the hypothesis arose in the author's mind that the interrelation between the neuropsychiatric problem and the matter of Christian faith seemed to be somewhat dependent upon the extent of the quantity and the quality of the religious training that the patient had received during his lifetime. Involved in this hypothesis was the belief that the gospel of Jesus Christ, or should it be stated as the whole Word of God, held the answer to the problems of life, at least the conditions that govern the answers to life's problems.

In the Bible there are many examples of God's intervention on behalf of Israel's needs. A few of these will be sufficient to serve the purpose here. When Moses was rehearsing the history of the children of Israel while forty years in the wilderness just prior to crossing the Jordan, he testified in these words, "For the Lord they God hath blessed thee in all the works of thy hand: he knoweth thy walking

through this great wilderness: these forty years the Lord thy God hath been with thee; thou hast lacked nothing."[1] All of the needs of the Israelites God had supplied. At another time, when the Israelites were in conflict with their enemies and were in great need of water, God not only supplied the water, but by the same act provided a strategy of battle that allowed the Israelites to conquer the enemy.[2] These are only two of the host of events bearing upon the fact that God was able and did supply the needs of His people when they served Him. In the New Testament there are many examples of how Jesus went about doing good, healing the sick and the afflicted, and even providing food when the need arose.[3] In writing to the church at Philippi, Paul has this to say, "But my God shall supply all your need according to his riches in glory by Christ Jesus."[4]

These are especially applicable to the more material needs. But there are statements concerning the non-material needs. Jesus said,

> Come unto me, all ye that labour and are heavy laden, and I will give you rest. Take my yoke upon you, and learn of me; for I am meek and lowly in heart: and ye

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[1]Deuteronomy 2:7, A.V. Italics in the last phrase not in the original.

[2]II Kings 3:6-25, A.V.

[3]Matthew 14:15-21, A.V.

[4]Philippians 4:19, A.V.

> shall find rest unto your souls. For my yoke is easy, and my burden is light.[5]

Here God has promised to give rest to those who come and ask of Him. Rest for the soul is offered; is this not the element for which so many are seeking in this day of stress and strife? One of the prophets of antiquity had this in mind when he said, "Thou wilt keep him in perfect peace, whose mind is stayed on thee: because he trusteth in thee. Trust in the Lord forever: for in the Lord Jehovah is everlasting strength."[6]

These are but a few of the multitude of promises that God has placed in His Word and that He will honor for those who will obey His commandments and honor Him. In the New Testament especially is given the fuller description of the way a person should live for the greatest degree of satisfaction. Such treatises as the Sermon on the Mount[7] as well as the rest of the teachings of Jesus with their fuller explanation and application by the writers of the epistles are sure to lead to a life of inner joy and peace that cannot be known outside of the Gospel of Christ. These teachings either answer outright the basic problems of life and conduct

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[5]Matthew 11:28-30, A.V.

[6]Isaiah 26:3-4, A.V.

[7]Matthew 5-7, A.V.

or are such that when followed fully produce a life that transcends conflicts within these problems. One who is familiar with the teachings of Christ will readily see the truth of this statement.

With these things in mind, the theory was conceived that mental illness should be a rarity among those that were continual practicers of the teachings of Christ. After much thought upon the subject, the opinion of Chaplain Alexander was sought. To the interest and pleasure of both, we were in virtual agreement. But the problem was the establishing of evidence that would bear upon the theory and either support or refute it. The first problem was to determine what would govern the evidence required.

The necessary requirements. In the selection of a method it was necessary to consider the fact that the information to be gained must be acquired from the patient himself. To rely upon the case studies would be too insufficient, and much needed material would probably be lacking. Furthermore, such a procedure would be too laborious for the results obtained. Also the situation must be individual for some of the material would be necessarily personal and, therefore, confidential. The handling of an investigation of this type of material as a group project would probably result in a superficial treatment and would miss entirely the objective of the study. The investigation

must obtain an account of the patient's religious past as far back as he can remember. Through a step by step unfolding of his religious training and such other religious influences that have been brought to bear upon him, sufficient insight could be gained into the interplay of the presence or lack of Christian faith upon his mental health or illness. But there were also adverse circumstances to be encountered.

Difficulties encountered. When the requirement of seeking the information directly from the patient became apparent, the very fact that the individual was a mental patient presented certain difficulties. From the average person, mental patients are characterized by the deviation of their thinking processes in some phase of mental activity. This could constitute a problem as to the rationality of their train of thought processes in determining answers. However, this was tempered by the presence of an interviewer to determine the consistent relationship of their answers as well as the attitude which they evidenced in the process.

The matter of language difficulty is always present in any communicative investigation and this work was no exception. Thought processes must be communicated, but the variation of ways of thinking, appreciation of values, word usage, and unconscious but biased presentation can "color" or shade the meaning or suggest the desired answer to an extent that the results actually become a reflection of the

interviewer's own thinking. Some patients could be quick to sense this bias and shade their answers to please or conform with the questioner's own thinking. Under such circumstances the results obtained would be invalid as an objective study. This especially would be a grave difficulty which had to be guarded against.

The problem also arose that if it was to be an interviewing procedure whether one person could accomplish all of it, or whether it would be desirable to divide the work among several to accomplish more with the lesser expenditure upon any one person. But the presence of several interviewers would yield as many differing personality influences upon the results. Under such conditions, the varying biases would yield a heterogenous influence upon the material as a whole and yield a warped result. Thus, a single interviewer was thought to be more desirable. Then whatever bias might result would be the same on all patients.

Another matter was that the findings must be in such a form as to be permanent and so compiled as to make ready reference convenient. This was important from the viewpoint that the findings from more than one hundred patients could become confusing and useless if not made convenient for reference.

The questionnaire interview. With all of these things in mind, it was determined that mimeographed questionnaire

forms containing convenient spaces for entering the patient's answers were the most practical. These questionnaires were to be administered by the interviewer. In this manner any question which was not clear in the mind of the patient could be clarified by the interviewer as well as any answer that was not clear could also be clarified by the patient. Thus, the interviewer became the sole interpreter of the patient's answers and his was the responsibility for the validity of the findings.

THE QUESTIONNAIRE COMPOSITION[8]

If the questionnaire was to yield sufficient and significant results, it must investigate all of the areas of the patient's life from which could come religious influence, the usual as well as the unusual. Since the age of indoctrination is important, it was necessary that it be considered as well. Influences in the formative years are much more significant than are those in either adolescence or adulthood. At this time the mind of the child is plastic and strong impressions are more easily made; their faith is more simple, their hearts are more receptive, and spiritual subjects can become living realities with them.

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[8]The complete three-page questionnaire is included in the Appendix.

The Church Activities. When we think of religious activity our thoughts usually turn to the church a s the normal place. Likewise was this the case when the task of composing the questionnaire was begun. The church is the natural center of religious life and activity. Usually these activities are divided between the Sunday School, the church worship service, and the mid-week prayer meeting service, although many churches do not have the latter. Accordingly, the questions were grouped around these three services. The information obtained was such as whether they attended the service, during what ages, how frequent, whether their parents insisted they go and if the parents went, what they did while there (in Sunday School only), what impression they received from their attendance, and if they quit, why.

One need not deal with mental patients very long until he realizes that often there are conflicts in their thinking. Frequently these conflicts will reveal themselves in their attitudes toward the outside world and its institutions. To determine whether this was influential in their mental activity, a question was inserted noting their agreement with the doctrines of their church. If disagreement existed, the content of the disagreement and the reason was investigated. Also, if there was any other type of religious training that the patient had received, it too was determined.

The Home Influence. Although the church is the

natural center of religious activities, the religious training that one receives at home can be an even more determining factor because of the intimate relationships which should normally exist in the home circle. The examples set in the home by the parents of the child are often the convincing issue as to whether the child will value religion in his adult life. Also in the home the quality of the religious training and beliefs are most accurately indicated. If the religion is that of evangelical Christianity, there will be definite indications of it in the home relationships and attitudes. One cannot be a follower of Christ and not have it be evident in his life's activities and especially at home where the "social guard" is down and matter of personal acceptance is not in question. Therefore, a few questions of the qualitative nature were asked in this section as well as those of the quantitative nature.

Questions of the quantitative nature were such as whether there was family Bible reading, family prayers, discussion of the Bible, and/or whether they prayed before going to bed or at other times. The questions of the qualitative nature that determined whether the religion was effective in the home were such as whether they felt the parents were too strict or too religious, which parent, and why. Also the questions as to whether the parents quarreled with each other or with the child, were separated or divorced,

and whether the parents took enough time for the child's questions and problems were indicative of the parent-parent and the parent-child relationships and to what extent parental religion had influenced the home situation. The answers to these questions were also indicative of the emotional stability which characterized the atmosphere in which the child was reared.[9]

The Personal Status. After the investigation of the background material of the church activities and the home with its more intimate relationships, the question naturally became that of the extent to which this training had actually influenced the individual and what had it produced in his life. This was the personal element, the revelation of the soul's spiritual condition. This progression from the objective to the subjective element was a part of the intended design of the questionaire and was effective as to method in several instances.

In this division such questions were asked as whether the Bible was read and how frequently, what portions were read and liked most, and whether the Bible teachings were observed in daily living. As further evidence of this last

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[9]The tremendous value of these conditions is vividly portrayed in the little book taken from an actual case study by Dorothy W. Baruch, One Little Boy, (New York: Julian Messner, 1952).

question, the patient was asked whether he had ever been "converted" or "born again." By this was meant the evangelical experience of repentance from and forgiveness for sins, spiritual regeneration, and the adoption as a son into the family of God. The interesting answers to two of the questions from this division will be discussed in the next two chapters.

The last question in this division, that of what God seemed like to them was for the purpose of determining what concept of God had resulted from their religious training. If this concept was negative it could denote a causative element in their mental state. On the other hand, if it was a concept of unusual strength and vital intimacy, it could denote a contributing quality of mental stability.

The pilot tests. After the first questionnaire was composed it was submitted to Chaplain Alexander and to Dr. Roberts for suggestions and criticism. With suggestions offered on but two of the questions, copies incorporating these suggestions were typed and a test of sample interviews with ward patients was made. These tests were an indication as to the degree of understanding with which the questions were received and what changes were necessary. On the first pilot test the question concerning "family worship" was divided into family Bible reading, discussion, and prayer. Also the questions of whether the parents attended the various

church services were added. On the second pilot test the question of why attendance at services was discontinued was added. The question concerning the "God concept" was altered slightly. Also, soon after the mimeographed questionnaire was in use a change was made in the question of, How do you feel about God? to How do you feel about your relationship to God? This was probably the most significant change and brought the sharpest degree of understanding on the part of the patient. Thus, it may be said that the questionnaire went through two revisions, though no major change was made.

THE INTERVIEWING

The interviewing procedure in itself was as fully important as were the answers that the questions sought. In many respects the procedure was the governing factor of both the validity and extent of the answers. The first consideration was the fact that the patient was a neuropsychiatric, that is, the patient was not of average mental functioning. This required that the interviewer make an exceptionally warm-hearted approach, establish good conversational rapport quickly, and during the interview always be on the alert for unnatural emotional reflections or actions and the continual comparing of his answers for flaws and inconsistencies. If such existed they had to be clarified or else that particular interview was rejected. All of the interviews were made

among the patients from Wards 25A, 25B, 25C, 27A, 27B and 29A, with the control group interviews having been made on Ward 3. All but a very few of the interviews were conducted outside the wards, usually in the sleeping rooms or in consultation rooms. This afforded privacy with almost no exterior distraction. Thus the more serious and intimate matters were discussed without interruption. However, on occasions when the wards were more quiet and occupied by fewer patients than usual, interviews were made on the wards for it did save time, not having to make the off-ward trip with each patient.

At the beginning of the interview the patient was informed of the complete purpose of the questionnaire to which he was about to be submitted. Also he was given to understand that the survey was independent, that it had nothing to do with his status of his hospitalization, and that with the exception of the Chaplain's office it had no official connection with the hospital staff and administration. This pre-questionnaire period served as a "warming up" prelude and was carried on by the interviewer in a confidential air as though the patients were being "let in on something." With but few exceptions the patients greatly appreciated this prelude and their cooperation was splendid, even surpassing that expected. By this method the patient felt that he was being consulted upon the matter and his was the decision as

to whether he wanted to come a party to the enterprise. Only a small percentage rejected the opportunity while on the other hand a few expended considerable effort to give their reasons and insights into their answers in an effort to make them more adaptable to the purpose in mind.

The general progression of the interview, of course, followed the questionnaire as arranged. The last division was somewhat more discursive by its very nature. The only pertinent digressions occurred when the patient evidenced a strongly conscious spiritual hunger. In such cases, it was felt both a duty and an opportunity to give all possible assistance. Although this lengthened the interview, the expressed appreciation by the patient and his evidenced feeling of greater well-being was in itself rewarding.

CHAPTER III

THE NEUROPSYCHIATRIC GROUP DATA

The findings from the questionnaire interviews have been divided into two parts, the data from the neuropsychiatric group and that from the control group, for the sake of convenience and clarity of presentation. In this chapter will be presented the data from the former group questionnaires. This will be considered according to their respective divisions: The Church Activities, The Home Influence, and The Personal Status. In accordance with the suggestion of Dr. Roberts and the approval of Dr. Mavis the findings of the third division have been omitted with the exception of but two questions. It was thought that the inclusion of the third division would give too much material for adequate presentation within the intended scope and purpose of this work. However, the data from the two questions which are included presents the very core of the findings and will give the reader an insight into the effect of Christian training and its influence in mental hygiene.

The reader may recall a statement previously made that the survey included over one hundred questionnaires. However, not all of these have been used in computing the data now to be presented. The original plan was to use fifty from each group, but when only an approximate forty could be obtained

from the control group - some of which were outside the set age range of twenty to forty years - it was decided to comply with Dr. Robert's first suggestion that only thirty of each group be used. "Two apes, ten mice, and thirty people" are considered adequate in the psychological field for testing purposes.[1]

To choose the thirty questionnaires from the control group was not difficult but with the neuropsychiatric group, the task was more complex. There were more factors involved and more questionnaires to be deleted - approximately thirty. With the separation of the pilot tests and the over-age patients, the task then was narrowed to any inconsistencies within their answers that had been overlooked during the interview. Special care and particular conscious effort was made to delete only on objective grounds of valid reasons so that no interested motive could bias the results. Usually the cases were of sufficient clarity. For example, the answers of a patient who claims to have been on several world tours, adhered to seven different religions most of them foreign, and to be one hundred and fifty-two years of age, when his case history substantiated none of this, was naturally to be discounted. Some of the patients were just

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[1] Dr. A. Dudley Roberts stated this during an interview with the author.

hazy in their reasoning on questions which did not involve detailed answers or much memory work. Also, a few patients evidenced such emotional stress that it was felt unwise to include them. One or two were deleted because they were alcoholic diagnoses. Although an alcoholic is classed as a neurotic by psychiatrists, yet because they were not mental patients strictly speaking, they were not included. Thus, the source for the data was narrowed down to thirty questionnaires which will now be considered.

THE CHURCH ACTIVITIES

The Sunday School. Of the group of thirty neuropsychiatric patients, twenty-four (80%) said they had attended Sunday School during their lifetime. Further analysis can be made as to the frequency with which these twenty-four attended. The amount of attendance was divided into five classifications: 1) regular - missed very seldom, 2) frequent - in attendance more than one-half the time, 3) often - in attendance more than one-fourth but less than one-half, 4) seldom - hardly ever in attendance, and 5) never. In this group of thirty, twenty percent never attended Sunday School. However, fourteen (46.7%) were regular in attendance, five (16.7%) were frequent, two (6.7%) were often, and three (10%) were seldom attenders. Of the twenty percent which never attended four were Roman Catholics.

A further breakdown of this group of Sunday School attenders is in the percentage of each group and the average number of years that each group attended. The fourteen regular - 58.3% attended an average of 17.71 years, the frequent - 20.8% attended 16.2 years, the often - 8.4% 32.00 years, the seldom - 10% 22.66 years. These neuropsychiatric attenders had an average of 19.20 years while the whole group averaged 15.36 years.

Of this group of twenty-four attenders, eight (33.3%) of them did not start to Sunday School in their pre-school years, one to six years of age. Within this group of eight there were four who did not start until ten years of age or older.

The answers to the questions concerning the parents and Sunday School attendance were as follows: parents of twelve (40%) of the thirty insisted on their children attending, but three of these twelve (25%) did not attend themselves. Sixteen (53.3%) of the patients' parents attended but seven (43.7%) of these sixteen were not listed as insisting on their children attending; however, all seven of the children attended.

As to the activity while in Sunday School, none of the answers varied significantly from the usual method of Bible study and lesson leaflets or quarterlies to warrant mention. I am sure this could not be the case in some Sunday Schools

today where the Bible and its teachings are all but forgotten.

The next question concerning the impression received from their Sunday School attendance produced the following results. Nine (37.75%) of the attenders had been impressed to some memorable extent. Two were impressed by the fact of studying the Bible, two by the Bible ideals, two by the companionship, two by the better feeling it gave them, and one by the singing.

The last question in this section concerning those that had quit attending and their reasons was answered as follows: fourteen of the twenty-four who had attended had quit. Six of these quit because they lost interest, four because they had moved to a locality where there was no local church, two because their work interferred, one because service life and one because college intervened. Thus, 41.7% of the twenty-four who had attended were still attending Sunday School.

The worship service. This particular church activity was more popular than any of the others. Of the thirty neuro-psychiatric patients, twenty-seven (90%) had attended the church worship service. One of the three that had not, had attended Sunday School for four years (between eight and twelve years of age) but the other two had never had any church influence except one who had attended a few prayer meetings while he was in service, possibly an escape

mechanism. Of the entire group of thirty, twelve (40%) attended regularly, eight (26.6%) were frequent in attendance, two (6.7%) were often in attendance, and five (16.7%) went seldom.

The breakdown of the twenty-seven who attended is as follows: regular - 44.5% with an average of 22.08 years in attendance, frequent - 29.6% with an average of 22.37 years, often - 7.4% with an average of 23.00 years. This group of attenders averaged 23.07 years giving the entire neuropsychiatric group an average of 20.77 years for worship service attendance.

Nine of the attenders started after their pre-school years. Of these, four started during their teens, and three after twenty or older.

Among the twenty-seven there were nine different denominations mentioned. The denominations and adherents were as follows:

Baptist	11
Roman Catholic	6
Christian	2
Evangelical Reform	2
Adventist	1
Episcopalian	1
Methodist	1
Presbyterian	1
United Brethren (Roman Catholic until 10 years old)	1
Attended Baptist and Holiness	1

The high percentage of Baptists could be partially accounted

for by the fact that the Baptist Church is the strongest of any in that locality. But this reason could hardly account for the high number of Roman Catholics. This point will be discussed further in the last chapter.

The next question concerns the parents and church attendance. There were nine patients (26.7%) whose parents insisted that they attend while the parents of two (22.2%) of these did not attend. But sixteen patients' parents (53.3%) attended while nine (56.2%) of these did not insist on their children attending.

Ten (33.3%) patients gave impressions that they remembered. One of these was negative - the many unfriendly members, four were impressed because of the sermons, two by the music, two by the good feeling they received, and one was impressed by the better company he found in the church.

Eight of the twenty-seven patients had discontinued attending worship service. Four of these had moved into a locality where there was no church, one did not feel that his life meet the church standard, one because of his health, one because his work interferred, and one because of no interest. Thus, 70.4% of those who had attended were still attending the worship service. Denominationally the eight appear as follows:

Baptist	5
Adventist	1

Attended Baptist and
Holiness 1
Roman Catholic . . . 1

The prayer meeting. As was to be expected the attendance at this service was the least. This is probably due to the fact that many of the churches do not have this service. In this group there were eighteen (60%) who had attended. Seven (23.4%) had been regular, four (13.3%) were frequent, one (3.3%) was often, and six (20%) were seldom in attendance.

Further analysis of these eighteen into the frequency of their attendance resulted in the following: regular - 38.9% had an average of 17.85 years in attendance, frequent - 22.2% had 21.50 years average, often - 5.6% had 20.00 years average, and seldom - 33.3% had 16.33 years average. The average for the attenders was 18.27 years while the average for the entire neuropsychiatric group was 10.96 years.

Of this group of eighteen, five (27.8%) had parents that insisted on prayer meeting attendance and all of these five attended also. Twelve (40%) of the patients' parents attended while seven (58.3%) of these were reported as not insisting on their children attending.

Impressions were given by seven (23.3%) of the patients. Three of them mentioned the good feeling that they received, two that prayer meeting attendance helped them, one mentioned that there were nicer people there, and one liked the music.

Doctrinal disagreement. The reports on this question were not surprisingly small - only three (10%) in number. One disagreed that hypocritical members should be in the church, another - the Adventist - disagreed with the doctrine of soul anhiliation, and the third mentioned the disagreement between the Roman Catholic teaching and the United Brethren teaching. It would seem evident that if the sanity of these three men depended upon their stand on these issues, they would all be well adjusted.

Additional activity. The activities which could be included here are numerous. The question was designed to include any other kind of activity or instruction which brought to the patient some kind of religious influence. Four reported the following: two had some Roman Catholic training, one had read many Bible stories, and the last said that he was a member of the Masonic Lodge.

THE HOME INFLUENCE

This division was designed to investigate three realms which are influential generally in people's lives: 1) the status of religion in the home, 2) the parent-parent relationship, and 3) the parent-child relationship. The questions concerning the last two groups are somewhat mixed in the questionnaire. This was done to prevent too much interrogation at one time in either realm, risking the possibility of

loosing rapport and having the patient reject further questions. However, in this section the data shall be considered under the above three division.

The religious status. Within the group of thirty families that were represented by the patients questioned, sixteen (53.3%) had Bible reading as a family group, nineteen (63.3%) had discussions about the Bible, fifteen (50%) had family prayers and nineteen (63.3%) had grace at the table. Twelve (40%) of these thirty homes had family Bible reading, discussion of the Bible, and prayer. Eleven of these twelve said that these activities were regular, except that one reported family prayers were seldom, while the remaining one said they were frequent. By not limiting the frequency to just those who had all of the above three mentioned and including those who had grace at meals, the twenty-two who reported frequency in any one or more of the four activities resulted as follows: regular - thirteen, frequent - three, often - one, and seldom - five.

The question as to the ages involved in these activities was so seldom answered that they were insignificant. For this reason they shall not be presented in this report. Sufficient it is to say that usually these activities continue to be influential until the young person leaves home. Thereafter, subsequent influence is dependent upon the quality of these activities and the appreciation and will of the

individual.

The next question was that of individual prayer on the part of the patient while he was still at home. Twenty-one (70%) of the patients said they had prayed before retiring at night while two of these volunteered that they seldom did. Sixteen (53.3%) said that they had prayed at other times as well while the same two volunteered that it was seldom. The ages concerned in these activities should be assumed as similar to those of the previous question since here too the answering was infrequent. Likewise was the result with the question as to why they had prayed at other times. A similar question was included in the third division concerning their prayer life and a reason for it in their years after leaving home. This brought more satisfactory results, probably because of its proximity to the then present time. However, this cannot be discussed in the present report.

The parent-parent relationship. The first question could possibly be discussed as well under either of the other headings, but for the sake of the parent connection, it was decided to present it here. The question was whether the parents were quite religious, which, and why they were considered so. The question was of a two-fold purpose. First, it inquired as to the attitude of the parent concerning religious matters. Also, it reflected the attitude of the patient concerning their religious attitude. It was not so

important how the parents of one patient compared with those of another, but how this attitude was reflected in the mind of the patient.

Of the thirty patients, eighteen (60%) responded affirmatively. Thirteen (43.3%) said only their mothers were religious, four (13.3%) said both parents were religious, and one (3.3%) reported that only his father was religious.

The reasons were given by only fifteen of the patients. Six were due to the parents' church activities or relationship to the church. An interesting observation was that only one of the six had family Bible reading and prayer in the home. Four were due to the lives they lived. Of these four, three did have family Bible reading and prayer in the home. Another four were due to the parents' personal Bible reading and prayer life. Three of these also had family Bible reading and prayer. One was listed as being a "Father Coughlin fiend," but there was neither family Bible reading nor prayer in this home.

Another question concerned the marital status of the parents, whether they had been separated or divorced. Six (20%) of the patients' parents were either separated or divorced. The ages of the patients at that time ran as follows: sixteen, twelve, ten, eight, and six years, and fourteen months. One patient's mother died when he was ten, the father at sixteen; another's mother died at three and the

and the father at twenty; another's father died when the patient was eighteen.

The last question in this section was that of whether the parents had quarreled between themselves, with the child, and how frequently, and during what ages. Eight (26.7%) of the patients' parents quarreled among themselves. Of these, five said that the quarreling was weekly or more often. Perhaps an interesting observation is that of these eight only two had any degree of family Bible reading and prayer.

The parent-child relationship. In this section the effort was made to investigate the tenor of the attitude that existed between the parents and the child. Usually this constitutes the greatest possible source of influence which contributes to the child's psychological and emotional stability. Indeed, this is also true of the child's spiritual stability. Few influences can be so strong as those which are exerted by the parent upon the child, for good or for evil.

In the case of eight (26.7%) of the patients, their parents were in the habit of quarreling with them. Five of these quarreled with their companions as well as with the children. Perhaps the parents were as neurotic and maladjusted as the child was to become later. However, in only one of these cases was there any degree of family Bible reading and prayer. Two of the six who reported the frequency of these domestic difficulties said they were

daily, two said weekly, one - often, and one seldom.

From the question of whether the patient considered that his parents were too strict, there were six who answered. Four (13.3%) were in the affirmative while two said they were not strict enough. Of the affirmative answers, two said that both of their parents were too strict, one said his mother, and one his father. Three of the patients gave their reasons: the father's temper was bad, the mother would not let him have enough cigars, and one said both parents were too strict about him getting his school lessons.

The last two questions of this division were to investigate the actual rapport which existed between the parents and the child, and to what extent this rapport was utilized on the part of either. The one question was whether the child felt free to ask his parents questions on all subjects. To this question twenty-four (80%) patients replied in the affirmative although one added that he did not ask many questions. Five of those that reported in the negative gave further comment. Three said that this applied to the subjects of girls and/or sex. The other two said that their parents were not receptive to their questions on any subjects.

There were twenty-two affirmative answers (73.3%) to the final question. This one was concerned with whether the

patient felt that his parents took enough time to talk over his problems with him. One of these patients said that he seldom ever asked his parents about his problems. Of the eight who did not feel so, seven gave their reasons. Three of these said there was too much work and not enough time for his problems; one said that he never asked concerning his problems, another patient whose father had been divorced and remarried said there was constant tension between his mother, father, and stepmother, and he had to live with these; one patient felt that he was not respected as an individual; the last one said that his parents were not interested in him and further offered the insight that he felt this to be the basic cause of his mental condition. In the case of these last three, the parents had been divorced.

THE PERSONAL STATUS

This is the division which was to have been deleted in this report. To give the entire review of all the answers would mean a considerable amount of additional material due to the fact that the nature of the questions was more discussional than those in the other two divisions of the questionnaire. However, as was intended, this division shows the effect of the religious influence investigated in the first two divisions of the questionnaire and to completely bypass this would be missing a significant area of the investigation.

Fortunately, two of the questions form the very core of the division and by the review of these it is possible to gain the most significant and revealing results of the two preceding areas of influence.

The first of these two questions was whether the patient was accustomed to reading the Bible and how frequent. To this question there were six (20%) who answered that they were either frequent or regular Bible readers, that is, they averaged reading the Bible every other day or more. The other question was whether the patient had ever experienced spiritual conversion, that is, had been "born again." Six (20%) reported that they had. Of these, three were identical with three in the above question.

By further observation and comparison some interesting parallels may be noted. With four of the Bible readers, family Bible reading and prayer was regular in their parental home, in one it was frequent, and in the other prayer was regular. With all but one of these six, Sunday School and worship service attendance was regular, while the other was regular in Sunday School and frequent in church attendance. Four of the six who had experienced spiritual conversion were from homes where family Bible reading and prayer was a regular activity, in one prayer was regular, and in the other only grace was had at the table and that seldom. In the case of five of these patients, Sunday School and worship service

attendance was regular. The other had attended the Roman Catholic Church regularly until he was fifteen years of age from which his spiritual conversion was a subsequent experience.

A final observation is offered in this parallel: of the twelve patients' homes that had regular family Bible reading and prayer, nine (75%) produced individuals who were either frequent to regular Bible readers themselves or who had experienced spiritual conversion or both.

CHAPTER IV

THE CONTROL GROUP DATA

A person who would make investigation of religious influences upon a group such as has just been reviewed would find his data lacking in much of its significance unless he had some standard to which it could be compared. This is the purpose of the control group data. Much difficulty was encountered in finding a group comparable to, yet void of the mental illness of the neuropsychiatric group. It was Dr. Roberts who remembered the medical ward at Veterans Hospital. This group would be from the same general region, all veterans, and be exposed to the same general opportunities of schooling and religious influences. Thus, the data from this group would constitute a "norm" with which to work. It is this data which is to be presented in the present chapter.

As was stated in the previous chapter, some deletion was necessary within the control group. But in this case, deletion was relatively simple since there were no neuropsychiatric diagnoses involved. Here deletion consisted only of some that were over the forty years age limit which the interviewer tried to maintain. Although this was not always possible for the reason that a few of the patients' ages were not obtained, yet where variation was known to exist, correction was made.

The organization of this chapter will be similar to that of the preceding one since the material contained herein is comparable. The divisions will be that of the Church Activities, the Home Influence and the Personal Status.

THE CHURCH ACTIVITIES

The Sunday School. The group of medical patients had the same number of Sunday School attenders as did the neuropsychiatric group, twenty-four (80%), although the proportion differed. With twelve patients (40%) Sunday School attendance was regular, seven (23.3%) were frequent, three (10%) were often, and two (6.7%) were seldom. Only one of these had not attended from his earliest years.

Within this group of twenty-four attenders the frequency and average years of attendance was as follows: regular - 50% with an average of 23.50 years, frequent - 29.6% with an average of 25.14 years, often - 12.5% with 28.33 years, and seldom - 6.3% with a 30.00 years average. These attenders had a group average of 25.13 years while the entire control group average was 20.10 years of Sunday School attendance.

The next question concerned the parents' insistence upon the child's attendance as well as the parents' attendance. Twenty parents (66.7%) insisted that the child attend, but eight (26.7%) did not attend themselves. There were fourteen

(46.7%) of the parents who attended with the child but only two of these (14.3%) were reported as not insisting that the child attend.

None of the control group reported that anything other than Bible study or quarterly lessons comprised their Sunday School class sessions.

Twelve patients (36.7%) offered impressions that attendance had made upon them. Four said they enjoyed the fellowship of the class members, two were impressed by the teacher, another said it was not interesting enough, another felt better because of attending, the love of God impressed one, the teachings of Jesus another, while the last two thought that it made a better man of one to attend and that it was the right thing to do.

Of the twenty-four patients who attended, sixteen had quit and for the following reasons: five because of work, three because they entered service, three had moved to another locality, and five because of neglect or lack of interest. Thus, eight of the twenty four (33.3%) attenders continued to attend.

The worship service. As was the situation in the neuropsychiatric group, so here, the worship service was better attended than was the Sunday School class. All thirty (100%) had attended the worship service. The frequency of attendance was as follows: fourteen (46.7%) were regular

attenders, four (13.3%) were frequent, eight (26.7%) were often, and four (13.3%) were seldom.

Likewise, the averages for church attendance were higher. The regular group averaged 29.28 years of attendance, the frequent - 25 years, the often - 33.38 years, and the seldom - 36.50 years. This gave the control group an overall average of 31.20 years of attendance.

As compared to the neuropsychiatric group, the control group had three more denominational divisions and a better spread among the adherents. Those of this group were as follows:

Baptist	7
Christian	7
Methodist	6
Church of God	1
Episcopalian	1
Jewish Orthodox	1
Mormon	1
Nazarene	1
Non-denominational	1
Presbyterian	1
Roman Catholic	1
Attended Christian and Baptist	1
Attended several	1

This appears to be a better cross-section of the predominant denominations for the locality around Lexington than does the list found among the neuropsychiatric group.

The next question concerned the parents' attendance of the worship service and whether they insisted upon the child's attendance. Twenty-three (76.7%) of the patients' parents

insisted that the children attend while six (26.1%) of these parents did not attend themselves. Nineteen (63.3%) of the patients reported that their parents attended but none of these insisted that they attend.

There was a greater response on the question of impressions at this point than on any other. Twenty (66.7%) of these patients gave impressions, all of which were affirmative. Five were impressed by the pleasure they had in attending the worship service, four by the good sermons, two by the music, one by the teachings of Christ in general, one by the Golden Rule, one by the power and love of God, one by the conviction that he felt, one by the spiritual uplift, one by the teachings and his feelings, another by the idea of worshipping in God's presence, one said it satisfied his inner feelings, and another thought it was the right thing to do. These impressions, as may be noted, are a bit more varied than those of the neuropsychiatric group.

The next consideration is that of those patients who discontinued their attendance and their reasons. In this group there were ten (30%) who were no longer attending the worship service. The reasons fell into five groups. Three quit because their work interferred, three because of neglect or lack of interest, two because they had moved, one because of entering service, and one said that he simply "outgrew it." Denominationally, they were as follows:

Baptist	4
Christian	4
Methodist	1
Episcopalian	1

The prayer meeting. As is usual the prayer meeting service is attended by fewer people than the other services. With this group, nineteen (63.3%) had been attenders. Five (16.7%) attended regularly, one (3.3%) frequent, seven (23.3%) often, and six (20%) seldom. Since not all of these gave their ages during attendance, a further analysis of these is not possible.

Nine (30%) of these patients' parents had insisted that they attend the prayer meeting service but two (22.6%) of them did not attend themselves. Eight (26.7%) of the parents attended but only one of them did not insist that the child attend as well. Seven (23.3%) of these nineteen reported impressions they had received from their attendance of prayer meeting services. Two enjoyed hearing people pray, two were impressed by the necessity of prayer in the plan of salvation, one thought it was the right thing to do, another was impressed by the Golden Rule, and the last said prayer was "soul food."

Doctrinal disagreement. Of these thirty patients only one (3.3%) of them reported a disagreement on the doctrinal issues of the church. One Baptist disagreed that immersion was the only valid mode of baptism.

Additional activities. The last question in this division concerns religious activities other than the attendance at the three mentioned services. Nine (30%) of the patients reported that they had such activities. Two had attended religious colleges while one of these two had a year of seminary training, one had taken three semesters of Bible in high school, one had been a Sunday School teacher for four years, another was a member of the Christian Endeavor, the Orthodox Jew had a private rabbi tutor until he was thirteen years of age, one patient was a member of the Masonic Lodge, one attended special services of the Roman Catholic Church, and the last one had spent much time in private Bible study which was very evident during the interview. So steeped was this individual in the literature of the Bible, it had become such a part of the very fiber of his being, that there is only one other person of my immediate acquaintance that I feel would surpass him, in spite of this patient's age of only thirty-three years. Here was a man of unusual spiritual depth and consciousness.

THE HOME INFLUENCE

The data of this section will be presented in three parts comparable to that of the last chapter. These are: 1) the religious status, 2) the parent-parent relationship, and 3) the parent-child relationship.

The religious status. As was stated previously, the act of family worship was separated into its three components, family Bible reading, discussion, and prayer, each of which is presented separately. Of the thirty patients, nineteen (63.3%) of them were from homes that had Bible reading as a family group, twenty-two (73.3%) had discussion of the Bible, fourteen (46.7%) had family prayer, and sixteen (53.3%) had grace at the meals. As to the frequency of all or any of these activities, the report was as follows: seventeen (56.7%) were regular, one (3.3%) was frequent, and four (13.3%) were often. In the homes of fourteen (46.7%) of these patients, family Bible reading, discussion, and prayer had been a regular part of the home life. In the home of another, family Bible reading and discussion had been regular and in two more homes it was often held. Since the ages of all the patients were not given a computation could not be made. It would be assumed that these continued with the patient until he left home.

Twenty-one (70%) of the patients had prayed before retiring at night. Nineteen (63.3%) of them reported that they had prayed at other times as well.

The parent-parent relationship. The first question in this section to be considered is that of the religious status of the parents as judged in the eyes of the patient. Twenty (66.7%) of the patients reported that they considered their

parents as being quite religious. Eight of these said that both of their parents were so, another eight said that their mothers were, and two said their fathers were. Thirteen of these gave reasons why they considered their parents religious. Four gave the reason that they read the Bible a lot, prayed and/or attended church, three said their parents taught them about the Bible, three because of the lives they lived, one because it was traditional with the family, and one because his mother took the Bible literally, that is, she believed what it said was true. This last one was the same that said that he "outgrew it," meaning Sunday School and church attendance.

The next question concerned the marital status of the parents. Three (10%) from this group had parents who had been either separated or divorced. The ages of the patients at that time were fourteen, eight, and six years. Two of the fathers had died; one before the patient's birth and one when the patient was six years of age.

Six (20%) reported that their parents quarreled. Only three gave the frequency; two were weekly and the other daily.

The parent-child relationship. The first question in this section was a follow-up of the last one as to whether the parents quarreled with the child. Three (10%) patients replied in the affirmative and with each of these it was with the father. Two of these said quarreling occurred frequently,

and the other said only seldom.

Affirmative answers were only given by three (10%) of the patients on the question of whether they thought their parents were too strict with them. Two of these said it was their fathers. Of these two, one was because the father was too severe while the other mentioned some ill-handled financial situations in which he and his father were concerned. The third patient had lived with several families since his parent's divorce when he was eight. Some of these families forced him to do things in such a way as to be antagonistic.

The last two questions of this division concerned the rapport and interest which existed between the parents and the child. The question as to whether the patient had felt free to ask his parents questions on all subjects was answered in the affirmative by twenty-five (83.3%) of the patients. Four of the others gave the subjects about which they did not ask questions. Two mentioned sex while one of these added religion as well, another mentioned religious matters, and the other said that on any subject he did not feel free to consult his parents.

Twenty-three (76.7%) patients replied that they felt that their parents had taken enough time to discuss their problems with them. Five of the others gave their reasons as follows: four said there was too much work and/or not enough time, and the other said that he could not get along with his

parents.

THE PERSONAL STATUS

Uniform with the treatment of the neuropsychiatric data, only two of the questions from this division will be considered. These, in this brief presentation, give an insight into the effectiveness of the religious training which has influenced them through their past.

The first of these two questions to be considered is that of the frequency within the group of Bible readers. Sixteen (53.3%) were found to have been frequent to regular Bible readers. This constitutes those that read the Bible on the average of every other day or more.

On the second question, eleven (36.7%) responded that they had experienced an evangelical conversion, that is, being "born again."

By observing other answers relating to these patients just mentioned, the following things have been noticed. In the homes of nine (56.2%) of the Bible readers, family Bible reading, discussion, and prayer had been a regular part of their lives, while in another two only prayer was not regular, and in one these activities were often. Six of these were regular attenders of both Sunday School and the worship service and thirteen were regular or frequent in worship service only. With those that had experienced conversion,

eight (72.7%) were from homes that had regular family Bible reading, discussion, and prayer. Sunday School and worship service attendance was a regular activity with five of them, while nine had been regular to frequent attenders of the worship service. Finally, of the fourteen homes that had regular family worship, ten (72.5%) produced individuals who were either frequent to regular Bible readers and/or had experienced spiritual conversion.

CHAPTER V

THE DATA INTERPRETED

Now that the data has been presented completely, the significance of it remains to be investigated and interpreted. This task is the purpose of the present and final chapter, which will be composed of three parts: the review and comparison of the more significant points, the conclusions, and such further questions or observations that have arisen in the author's mind as a result of the present investigation.

THE DATA REVIEWED AND COMPARED

This review and comparison will consist of only the most important and significant findings taken from the two preceding chapters. A comparison of the neuropsychiatric data with the control data will reveal the deviation, if any, of the quantity and/or quality of the religious influences which have been present in the lives of the former from those of the latter individuals.

The Church Activities. Comparing the entire two divisions together reveals that the control group was influenced over a longer period by the church activities than the other. Considering them by the question sections will show how each ranked.

The Sunday School was attended by the same number from

each group, twenty-four (80%). The frequency of attendance varied but as a group the average years of attendance was higher with the control group, that is, 20.10 to 15.36 years.[1] This means that the control group members, representing average or "normal" individuals, spent 4.74 (30.8%) more years in Sunday School than did the neuropsychiatrics. Of those who had discontinued attendance of their own accord, the ones in the control group averaged 22.25 years of age when quitting to 18.78 years of age for the other group, or 3.43 years more. Thus, the years of possible Sunday School influence were greater in the control group.

In another way the Sunday School attendance of the control group was more effective - the time during which that attendance occurred. All of them attended from earliest childhood, that is, they started during the pre-school years. But among the neuropsychiatric group, seven (29.2%) had no pre-school attendance in Sunday School whatsoever. It may be that this is one of the more important findings of the investigation and is worthy of further investigation. In these cases the most receptive years of the child's mind were void of religious training suited to their capabilities. Without having developed an early recognition of the valuable stablizing influences and powers of religion, these seven

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[1] A comparative bar graph of all Sunday School ratios can be found in the Appendix.

today are contributing their maladjustments and inadequacy feelings into the hands of others and are incapable of meeting the demands of life.

The comparative worship service attendance is next to be considered. Here all thirty of the control group had attended but only twenty-seven in the other group. Although this difference is not great, only ten percent, the average of years attended shows a wider degree of variation. With the control group the average was 31.20 years, compared to 20.77 years for the neuropsychiatric group, or 10.43 (50.4%) more years. In the number from both groups that had discontinued attendance, the difference in age was not as great as with the Sunday School, the control group - 25.[illegible]0 years of age, the neuropsychiatric group - 24.37 years of age.

Another interesting comparison can be seen from the average years of those who discontinued attendance in the control group with the average years of the attenders in the other group. In the Sunday School it was [illegible].25 and 19.20 years respectively, while in worship service attendance the years were 25.80 and 23.07 respectively. Thus, even those of the control group who no longer attended had more years of religious influence from the church than the average among the neuropsychiatric attenders.

The comparison of the denominations represented and the number of adherents for each is interesting but strange.

As was stated before, the predominant denomination in the Lexington area is the Baptist. This fact somewhat explains the large Baptist representation (36.7%) in the neuropsychiatric group. However, this is four (13.3%) more than are in the control group. Likewise is the case with the Roman Catholic representation. In the neuropsychiatric group there are six (20%) of this denomination, while a seventh was Roman Catholic until ten years of age and an eighth had other Roman Catholic training. Yet, in the control group there was only one Roman Catholic and he had been a Protestant until he was thirty years of age. In contrast to these two denominations are those of the Methodist and Christian churches. The representations of these two in the control group were six and seven respectively, but in the neuropsychiatric group there were only one and two respectively! Is this not a contrast indeed?

The question arises in the author's mind, why? Why should the Baptist and Roman Catholic churches have a greater number among the neuropsychiatric group? Could it be due to some phase of their religious teaching or practice? Perhaps some other evidence could throw light upon the question.

In the field of theological thought, there are three general positions regarding the divine-human relationship in redemption. These three positions are known by the names Monergism, which is of two kinds - divine and human, and

Synergism. Synergism, from the Greek σύν - "with" and ἔργον - "work," is the doctrine that there is cooperation of human activity with divine grace in the work of redemption. This means that divine grace becomes effective with an individual only in cooperation with his will, and that this cooperation with God is necessary for his redemption. This is the position represented by the Methodist and Christian denominations and often called Arminianism. In the case of divine monergism, μόνος - "alone," God is the sole agent in man's redemption and His Sovereign Will is the only determinating factor either to redeeming men to eternal bliss and glory (single predestination) or to eternal bliss or eternal damnation (double predestination). This position, giving man no choice in his eternal destiny is the doctrinal position of Reformed Theology of which the Baptist Church is a branch. The last position, that of human monergism, is the belief that man does all the work himself, he is the sole agent. This is the position of modern and liberal theology. Although, theoretically the Romanists are Arminian, the practices and teaching among the laity is, for all practical purposes, that of the latter position. Although God provides the grace, they teach that it is only available to man by his works, not by faith. Furthermore, Romanism denies that man can have any assurance while in this life of freedom from sin or that man can possess eternal life in the mortal flesh.

Thus, monergism represents the two extreme positions of redemption while synergism is the mediating position. Whether or not this theological issue has any vital influence upon the present problem of mental hygiene cannot be determined from this investigation. If religion has any influence, then the interpretation of the issues of redemption would possibly have some effect upon an individual's feeling about his relationship to God. It was suggested that the Presbyterian denomination is also monergistic but is represented in the neuropsychiatric group by only one. However, they are also represented by only one in the control group. Also, the Presbyterian denomination is not noted as being as evangelistic as the Baptists, nor do they contend as highly over the matter of eternal reward or eternal retribution, which status is governed by one's decision regarding redemption, as do the Baptists. These factors could make the difference between the representations of the two denominations. The influence of doctrinal issues of religion upon mental hygiene would make an interesting problem for another thesis where it could be handled adequately.

The Home Influence. The differences between the two groups are not generally as great in this division as in the previous one. But some difference is existent in almost every area which was investigated. In the replies concerning family Bible reading, discussion, and prayer, the neuropsychiatric

group had only two less, and in the frequency, two less were frequent to regular. This difference is not greatly significant presenting only an additional 6.7% for the control group. However, ten percent more of the control group utilized prayer in their early life. Both groups gave the same number of parents who were regarded as religious, but in the control group there was less variation between the parents. Twice as many patients listed both parents as religious in the control group, sixteen mothers and ten fathers were mentioned. In the neuropsychiatric group seventeen mothers, but only five fathers, were reported as religious. Thus, the paternal religious influence was only half of that in the control group.

A greater variation is shown in the matter of harmony in the home. Without doubt, this is one of the greatest positive influences that parents can contribute to the stable emotional development of the child. Harmony, understanding, and cooperation are home requirements with few peers. In the control group six patients reported that their parents had serious quarrels and three fathers quarreled with the child. But, in the neuropsychiatric group there were eight on each account. This represents 33.3% more on the first item but a 233.3% increase on the second. This lack of harmony in the home is also brought out by the fact that the control group represented only half as many separations or divorces among

the parents as did the other group. Do these not indicate very significant factors bearing upon the neuropsychiatric group? Not only have they had less religious activity in the church, less religious training at home, and fewer Christian examples seen in their parents' lives, but less emotional harmony, which factor tends to separate members of a household instead of binding the home together, enabling it to meet the ever increasing numbers of its present day foes. But the final division is even more revealing.

The Personal Status. This division presents two areas in which the degree of effectiveness of the patient's past religious training can be seen. Of course, the degree of effectiveness is governed by two things - the presentation and quality of the religious teaching, and the individual's receptiveness to it; but there is a world in each of these items, parts of which have just been reviewed. If spiritual values are not presented with sufficient tact and appeal or are not of adequate quality, their effectiveness is immediately limited or possibly destroyed. Or, if the one to receive such values has had previous disagreeable associations with the values or those presenting them, or has in any other way been prejudiced against them, effectiveness will be likewise limited.

With the above factors in mind, this last division presents the following facts. The control group had sixteen

(53.3%) of frequent to regular Bible readers to the other group's six (20%). Of those that had experienced spiritual conversion, the control group had eleven (36.7%) to the other's six (20%).

The significance of these facts seems to be that more of the control group had an appreciation for spiritual values. This is evidenced by the greater number of Bible readers. Of course, this could have come from a formerly fixed habit, but something had to exist to create that habit and sustain it over a period of time. This factor was the appreciation of that value. But in the case of the conversions something additional is evident. Not only had these values been appreciated but they had been effective in their primary purpose - the conversion of a soul from the ways of sin unto the way of the Spirit of God. In both of these areas the control group was ahead by 267% and 83.3% respectively.

Further, it may be stated that among the control group there were possibly five or six that were of the warm-hearted vital Christian nature, who had a present testimony of a personal, up-to-date relationship with Christ as their savior. But among the neuropsychiatric group there was none that could be classified in this category. To say that this absence of vital, genuine Christian attitude is the cause of their illness is more than this author is willing to fully concede upon the grounds of this investigation. It must be

acknowledged that illness of any sort will affect the human spirit. However, it is suggestive that there is a relationship between vital Christian living and one's mental health.

But some reader may ask why there were six who had been converted in the neuropsychiatric group if religion is such a stabilizing factor in emotional maturity. A multitude of items would make up the answer. One is that the conversions listed were in the past perfect tense and did not necessarily indicate the status at the then immediate present. Another factor would be that of organic causes which were beyond mere functional therapy. Still another is the degree of appreciation which each patient possessed for the spiritual values; if a value is not appreciated to some extent by the patient, it cannot be utilized as a positive influence. Other reasons could be given but these would seem to be sufficient.

CONCLUSIONS

The original hypothesis was that there is a relationship between the quantity and/or quality of a person's religious training and the state of his mental health; also that mental illness would be a rarity among those persons who had experienced the spiritual conversion of traditional Christianity and were living in a warm-hearted personal relationship to the Lord Jesus Christ, being obedient to the

will of the Holy Spirit. The foregoing data has been for the purpose of proving this hypothesis either true or false. The conclusions to be presented are the result of this data.

This investigation indicates that there exists a positive relationship between the quantity and quality of religious training and the mental health of the persons involved. In no case was the extent of training greater in the neuropsychiatric group. The larger number of significant Bible readers and spiritual conversions represented in the control group are a strong indication that the quality of religious training, that is, the integrity with which Biblical doctrines are preserved and propagated, is vital if religion is to contribute to the person's mental health.

This investigation also bears out the well known fact that the emotional maturity of the parents and the attitude which predominates in the home is also a vital factor in a child's emotional development. As was shown in this data, the control group had better home relationship, more harmony and less quarrelsomeness.

Throughout the findings of this survey it was revealed that in almost every area the control group had a slight advantage. This factor must be given due credit in the conclusion. It is not enough to say that the religious training and parental attitudes were the whole answer, nor is this meant to be the representation in these conclusions. Other

factors have come to bear their influences in varying degrees and must be given due acknowledgement.

An unusual result in this investigation is the large number of Roman Catholics in the neuropsychiatric group as compared to the control group. As has been said before, such representation is out of proportion for the Lexington area. The usual opinion held is that the Roman system of aricular confession is an aid in the release of emotional stresses and is, therefore, an aid to general mental health. However, the results of this investigation would not seem to bear out such an opinion, at least the last phrase. Granted that this investigation is necessarily limited, the author is convinced that it casts serious shadows upon the religious confession that does not accomplish a spiritual change within the heart and life of men and women. Again let it be said that this is a "form of Godliness but denying the power thereof." Nor can any religion which does not accomplish this change be called truly Christian, for this is the proclaimed mission of Christ[2] and the continuous purpose of God.

QUESTIONS AND COMMENTS

After an investigation is completed and the author has an opportunity for retrospection, occasionally, if not usually,

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[2]John 3:5, Tit. 3:5, I John 5:11-13

he develops other insights into the problem, or other questions arise in his mind concerning the problem or the procedure of the investigation.

The present author is well aware of the limits of this work and of his presentation, as well. If a greater number of men could have been interviewed, the accuracy and definiteness of the conclusions could have been more extensive and exhaustive. As it is, the work cannot be said to have proved anything due to the limitations of its extent. However, it is suggestive of areas wherein the degree of religious influence has varied between the two groups.

Additional insight could have been gained by the inclusion of a question concerning the Sunday evening service similar to that of the worship service. Often people attend the morning service from a feeling of sheer duty whereas their hearts are not in accord with the program of the church. Such people rarely attend the evening service. Usually, only spiritual people and those interested in spiritual values comprise the evening congregations except in churches where religion is only a social function. These churches, however, seldom have evening services.

The investigation has provided data that is indicative of important areas which warrant further investigation. One of these areas is that of church attendance during the preschool years. These important years provide fertile opportuni-

ties for religious teaching, and further investigation on a larger scale would reveal to what extent this is prevalent among neuropsychiatric patients. Perhaps the most important area suggested herein is that of the presence of five or six persons with a vital, warm-hearted Christian experience and living in a close relationship with Christ, whereas there were none of these in the other group. Further investigation of this factor could produce some very vital insights into the mental hygiene problem. In this relationship exists the result of genuine Christian teaching for when the heart and life are made right with God, then the mind can rest in peace in the assurance of divine favor and blessing.

APPENDIX

INTERVIEW QUESTIONNAIRE

PERSONAL

1. Have you read the Bible any? _____ How much of it? _____

   During what ages? _____ How frequently? _____

   What appealed to you the most in the Bible? _____

   Do you feel that you understand what you read in the Bible? _____

2. Do you believe that the Bible is the Word of God? _____ Why? _____

3. Have you tried to practice the teachings of the Bible? _____ What ages? _____

4. Have you prayed? ____ What ages? _____ How frequently? _____

   For what have you prayed? _____ _____ (F,N,E)

5. Have you been "converted" or "born again?" _____ What age? _____

   What was it like? _____

6. Have you promised to live for God and do His will? _____ What age? ___

   What was it like? _____

   Have you kept your promise? _____ Why? _____

7. What does "God" mean (seem like) to you? _____

   Do you have any feelings about or toward God? _____

8. What do you believe that religion has contributed or meant to your life? _____

   Why? _____

INTERVIEW QUESTIONNAIRE

HOME

1. Has your family read the Bible together? _____ Discussed the Bible? _____
   Prayed together? _____ Had prayer at meals? _____ How frequent were
   these? _____ What were your ages then? _____
2. At home, did you pray before going to bed? _____ During what ages? _____
   _____ At other than bed time? _____ Why? _____
3. Do you feel that either parent was a little too strict? _____ Which? _____
   Why did it seem that way? _____
   Was either parent quite religious? _____ Which? _____
   Why did it seem that way? _____
4. Have your parents quarreled with each other? _____ With you? _____
   During what ages? _____ How frequent? _____
5. Have your parents been separated or divorced? _____ What age were you? ___
6. Did you feel free to ask your parents questions on all subjects? _____
   If not, which? _____
   Did your parents take enough time to talk over your problems with you? _____
   If not, why? _____

INTERVIEW QUESTIONNAIRE

CHURCH

1. Have you attended Sunday School? _____ During what ages? _____

   How frequent? _____ Did your parents insist that you attend?

   _____ Did they go with you? _____ What was generally done in the

   Sunday School Class? _____

   What impressed you the most about the Sunday School? _____

   Why did you quit attending? _____

2. Have you attended church? _____ What denomination? _____

   During what ages? _____ How frequent? _____

   Did your parents insist that you attend? _____ Did they go with you? ____

   What impressed you the most about the services? _____

   Why did you quit attending? _____

3. Did you disagree with any beliefs of your denomination? _____

   Which ones? _____

   Why? _____

4. Have you attended prayer meetings? _____ During what ages? _____

   How frequent? _____ Did your parents insist that you attend? ____

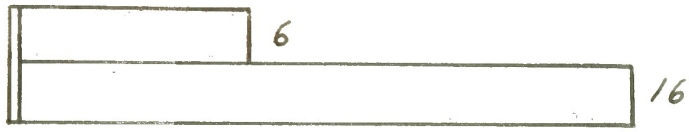
   Did they go with you? _____ What impressed you the most? _____

5. Have you had any other kind of religious instruction or activity? _____

   What? _____

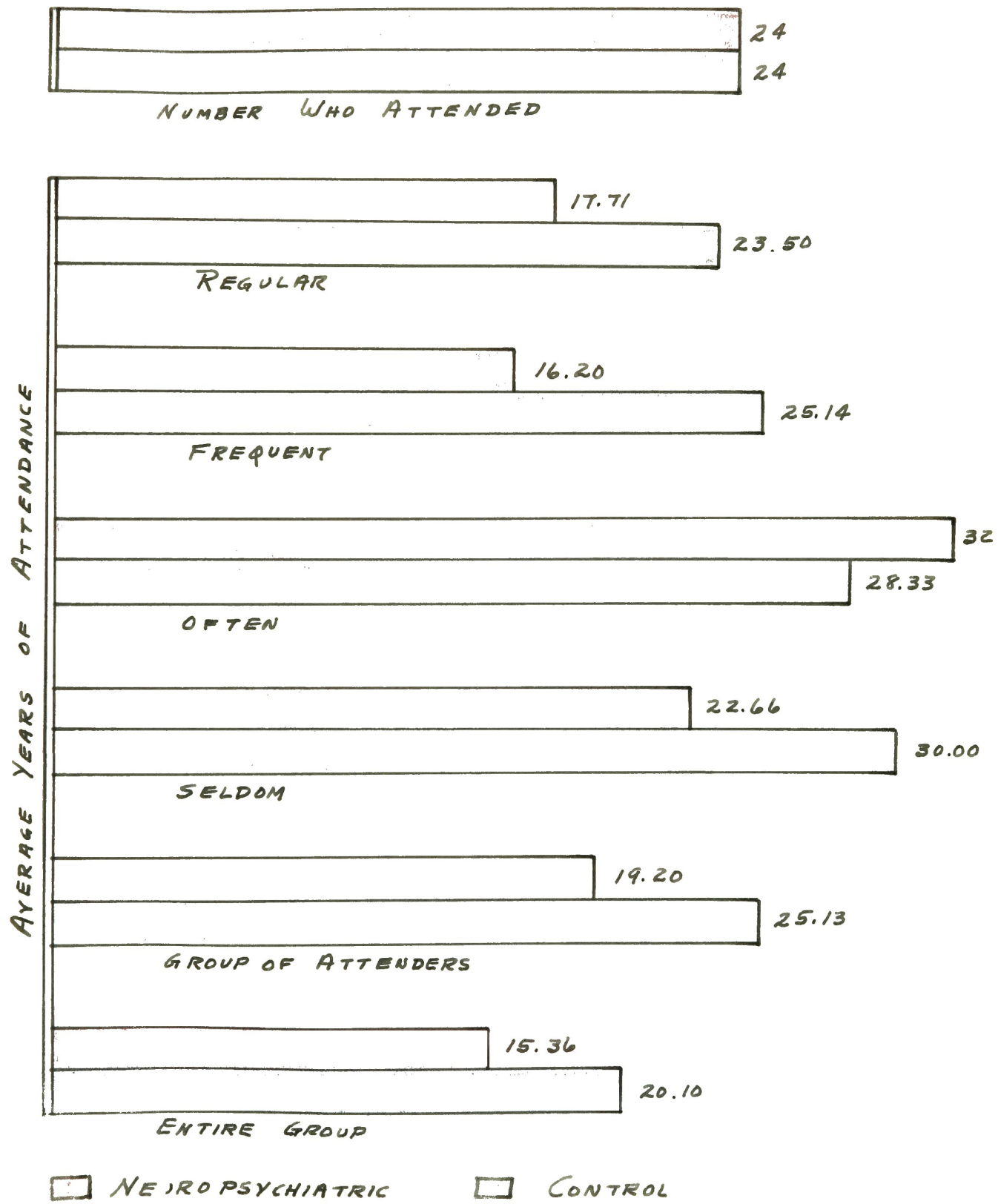
Bible Readers

Frequent to Regular

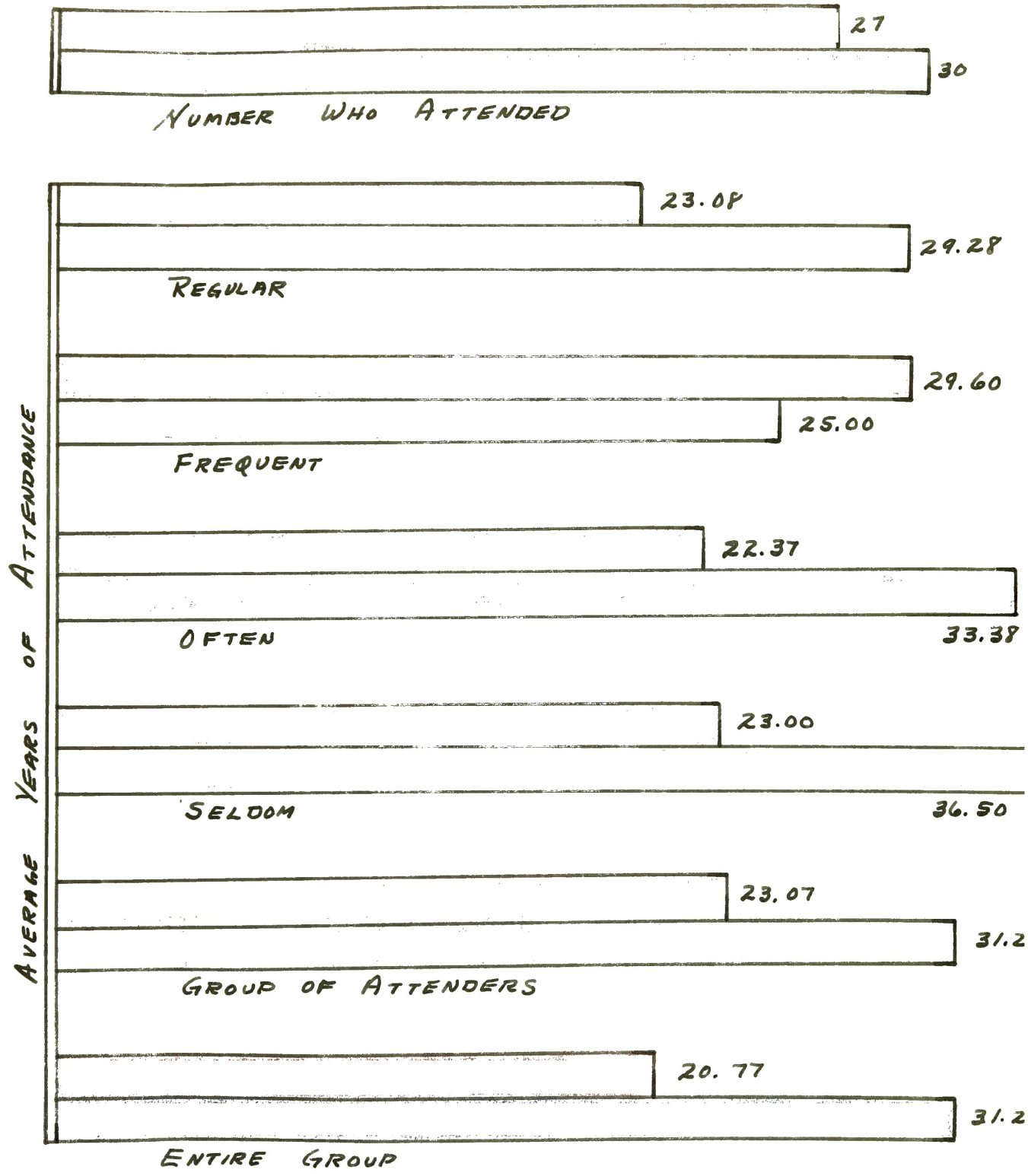


Conversion Experiences

Sunday School Attendance



Worship Service Attendance



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